

EXHIBIT "A"

Court of Common Pleas of Philadelphia County
Trial Division

Civil Cover Sheet

		For Prothonotary Use Only (Docket Number)		
		OCTOBER 2017 002489		
		E-Filing Number: 1710040909		
PLAINTIFF'S NAME MICHELE M. BERNARDO		DEFENDANT'S NAME MAXIM HEALTHCARE SERVICES, INC.		
PLAINTIFF'S ADDRESS 76 BUCKWALTER ROAD SPRING CITY PA 19475		DEFENDANT'S ADDRESS 7227 LEE DEFOREST DRIVE COLUMBIA PA 21046		
PLAINTIFF'S NAME JOSEPH BERNARDO		DEFENDANT'S NAME MAXIM HEALTH SYSTEMS, DIV. OF MAXIM HEALTHCARE SERVICES, INC.		
PLAINTIFF'S ADDRESS 76 BUCKWALTER ROAD SPRING CITY PA 19475		DEFENDANT'S ADDRESS 7227 LEE DEFOREST DRIVE COLUMBIA PA 21046		
PLAINTIFF'S NAME		DEFENDANT'S NAME		
PLAINTIFF'S ADDRESS		DEFENDANT'S ADDRESS		
TOTAL NUMBER OF PLAINTIFFS 2		TOTAL NUMBER OF DEFENDANTS 2		COMMENCEMENT OF ACTION <input type="checkbox"/> Complaint <input type="checkbox"/> Petition Action <input type="checkbox"/> Notice of Appeal <input checked="" type="checkbox"/> Writ of Summons <input type="checkbox"/> Transfer From Other Jurisdictions
AMOUNT IN CONTROVERSY <input type="checkbox"/> \$50,000.00 or less <input checked="" type="checkbox"/> More than \$50,000.00		COURT PROGRAMS <input type="checkbox"/> Arbitration <input type="checkbox"/> Mass Tort <input type="checkbox"/> Commerce <input type="checkbox"/> Settlement <input checked="" type="checkbox"/> Jury <input type="checkbox"/> Savings Action <input type="checkbox"/> Minor Court Appeal <input type="checkbox"/> Minors <input type="checkbox"/> Non-Jury <input type="checkbox"/> Petition <input type="checkbox"/> Statutory Appeals <input type="checkbox"/> W/D/Survival <input type="checkbox"/> Other: _____		
CASE TYPE AND CODE 20 - PERSONAL INJURY - OTHER				
STATUTORY BASIS FOR CAUSE OF ACTION				
RELATED PENDING CASES (LIST BY CASE CAPTION AND DOCKET NUMBER) FILED PRO PROTHO OCT 19 2017 M. BRYANT				IS CASE SUBJECT TO COORDINATION ORDER? YES NO
TO THE PROTHONOTARY: Kindly enter my appearance on behalf of Plaintiff/Petitioner/Appellant: <u>MICHELE M. BERNARDO</u> , <u>JOSEPH BERNARDO</u> Papers may be served at the address set forth below.				
NAME OF PLAINTIFF'S/PETITIONER'S/APPELLANT'S ATTORNEY CURTIS P. CHEYNEY III		ADDRESS WETZEL GAGLIARDI & FETTER LLC 101 EAST EVANS STREET WALNUT BUILDING, SUITE A WEST CHESTER PA 19380-2600		
PHONE NUMBER (484) 887-0779		FAX NUMBER (484) 887-8763		
SUPREME COURT IDENTIFICATION NO. 3827		E-MAIL ADDRESS ccheyney3@wgflaw.com		
SIGNATURE OF FILING ATTORNEY OR PARTY CURTIS CHEYNEY III		DATE SUBMITTED Thursday, October 19, 2017, 09:49 am		

PRAECIPE FOR WRIT OF SUMMONS

Commonwealth of Pennsylvania
COUNTY OF PHILADELPHIA

Filed and Attested by the
Office of Judicial Records
19 OCT 2017 09:49 am
M. TERRYANT
CLERK DISTRICT OF PENNSYLVANIA

COURT OF COMMON PLEAS
Trial Division

MICHELE M. BERNARDO and
JOSEPH BERNARDO, h/w
76 Buckwalter Road
Spring City, PA 19475

TERM, 20
NO. _____

Plaintiff(s) Name(s) & Address(es)

VS
MAXIM HEALTHCARE SERVICES, INC.
7227 Lee Deforest Drive
Columbia, MD 21046

MAXIM HEALTH SYSTEMS, DIVISION
OF MAXIM HEALTHCARE SERVICES, INC.
7227 Lee Deforest Drive
Columbia, MD 21046

Defendant(s) Name(s) & Address(es)

PRAECIPE FOR WRIT OF SUMMONS

TO THE OFFICE OF JUDICIAL RECORDS:

Kindly issue a Writ of Summons in the above captioned civil action.

Date: 10/18/17


Signature of Attorney or Plaintiff(s)

Curtis P. Cheyney, III, Esquire

Print Name

Attorney Id. No. 03827
101 E Evans Street

Address

Walnut Building, Suite A
West Chester, PA 19380

484-887-0779, ext. 105

Phone Number

Summons
Citacion

Commonwealth of Pennsylvania
COUNTY OF PHILADELPHIA

MICHELE M. BERNARDO and
JOSEPH BERNARDO, h/w

Plaintiff

vs.
MAXIM HEALTHCARE SERVICES, INC., and
MAXIM HEALTH SYSTEMS, DIVISION OF
MAXIM HEALTHCARE SERVICES, INC.

Defendant

COURT OF COMMON PLEAS

FILED AND ATTESTED BY THE
OFFICE OF JUDICIAL RECORDS

19 OCT 2017 09:49 am

M. BRYANT

Term, 20

No. _____

To¹

Maxim Healthcare Services, Inc.
7227 Lee Deforest Drive
Columbia, MD 21046

Maxim Health Systems, Division
of Maxim Healthcare Services, Inc.
722 Lee Deforest Drive
Columbia, MD 21046

Writ of Summons

You are notified that the Plaintiff²
Usted esta avisado que el demandante

Michele M. Bernardo and Joseph Bernardo, h/w

Has (have) commenced an action against you.
Ha (han) iniciado una accion en contra suya.



ERIC FEDER
Director, Office of Judicial Records

By: _____
Date: _____



¹ Name(s) of Defendant(s)

² Name(s) of Plaintiff(s)

Court of Common Pleas

Term, 20 _____

No. _____

MICHELE M. BERNARDO and
JOSEPH BERNARDO, h/w

Plaintiff

vs.

MAXIM HEALTHCARE SERVICES, INC.,
Defendant et al.

SUMMONS